



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

|   |         |            |                |
|---|---------|------------|----------------|
| NAME(Last)  | (First) | (Middle)   | TELEPHONE      |
| TAKAYAMA  | LINDA   | CHU        | (808) 545-3060 |
| MAILING ADDRESS (Street)  |         |            | FAX            |
| P. O. BOX 1196  |         |            | (808) 545-1182 |
| (City)  | (State) | (Zip Code) |                |
| HONOLULU  | HAWAII  | 96807      |                |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE      |
| MAILING ADDRESS (Street)  |         |            | FAX            |
| (City)  | (State) | (Zip Code) |                |

### PART II ORGANIZATION

|  |                               |                               |
|--|-------------------------------|-------------------------------|
| TESORO HAWAII CORPORATION  | 808-547- <del>3688</del> 3988 |                               |
| MAILING ADDRESS (Street)   | FAX                           |                               |
| 91-325 KOMOHANA STREET   | (808) 547-3858                |                               |
| (City)   | (State)                       | (Zip Code)                    |
| KAPOLEI  | HAWAII                        | 96707-1713                    |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |                               | TELEPHONE                     |
| DAVID LEONARD  |                               | 808-547- <del>3688</del> 3988 |
| MAILING ADDRESS (Street)   |                               | FAX                           |
| 91-325 KOMOHANA STREET   |                               | (808) 547-3858                |
| (City)   | (State)                       | (Zip Code)                    |
| KAPOLEI  | HAWAII                        | 96707-1713                    |

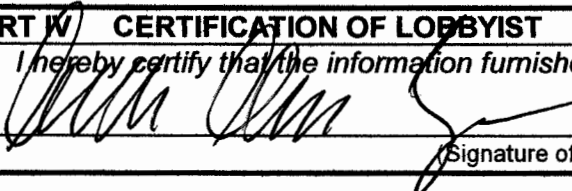
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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                       | <input type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                          | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                               |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        |  |

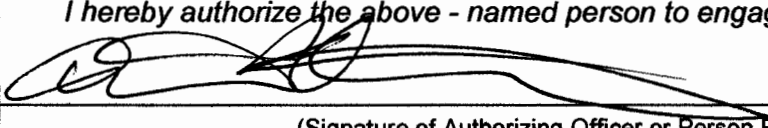
**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

1/14/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

|  |                   |  |  |
|--|-------------------|--|--|
| NAME<br>DAVID LEONARD  |                   | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |  |
| NAME OF ORGANIZATION (if applicable)<br>TESORO HAWAII CORPORATION  |                   | TELEPHONE<br>808-547- <del>3888</del> 3988         |  |
| MAILING ADDRESS (Street)<br><br>91-325 KOMOHANA STREET   |                   | FAX<br><br>(808) 547-3858                          |  |
| (City)<br>KAPOLEI  | (State)<br>HAWAII | (Zip Code)<br>96707-1713                           |  |
| <i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>                              |                   |  |  |
| <br>(Signature of Authorizing Officer or Person Represented) |                   | 1/14/05<br>(Date)                                  |  |